

BID BOARD POSTING
767-0-1554-03
REVISED

DUE DATE JUNE 10, 2010

This is a small business set-aside Request for Quotation prepared in accordance with FAR Part 13, as supplemental with additional information included with this notice. THIS ANNOUNCEMENT CONSTITUTES THE ONLY SOLICITATION; A SEPARATE WRITTEN SOLICITATION WILL NOT BE ISSUED. QUOTES ARE BEING REQUESTED. The Centers for Medicare and Medicaid Services intends to award using Simplified Acquisition Procedures (Dollar Threshold of \$25,000), a fixed-price purchase order at a fixed labor rate for Response to Questions for Inclusion in MDS 3.0 RAI Manual per the Statement of Work/Deliverables and Technical Evaluation Criteria. It is anticipated that the period of performance is June 14, 2010 through December 31, 2010. The NAICS code is 541990. Responses must be sent electronically in MS Word format to Lucille.Lee@cms.hhs.gov no later than 11:00am on June 10, 2010. Responses shall include the following: 1) Soundness of Approach to CMS's Effort; 2) Personnel; 3) Past performance information - relevant experience to perform the required services; and 5) fully loaded labor rate and anticipated hours. The government intends to award an order to the responsible offeror whose quotation offers the best combination of technical capabilities and proposed price; the best value (considering price and other factors). **Please submit your price proposal in whole dollar amounts only.**

Statement of Work

MDS 3.0: Case Study Preparation and Recommendations for Inclusion in MDS 3.0 RAI Manual

I. SCOPE

This is a firm fixed-price contract for the purchase of services to assist in the documentation of case studies regarding MDS 3.0 and RUG-IV in the MDS 3.0 RAI Manual

A. Background

Sections 1819(f)(6)(A)-(B) and 1919(f)(6)(A)-(B) of the Act, as amended by the Omnibus Budget Reconciliation Act of 1987 (OBRA 1987), require the Secretary to specify a Minimum Data Set (MDS) of core elements and common definitions for use by nursing homes in conducting assessments of their residents, and to designate one or more instruments which are consistent with these specifications. As stated in Sec.§483.20, Medicare- and Medicaid-participating nursing homes

must conduct initially and periodically ``a comprehensive, accurate, standardized, reproducible assessment" of each nursing home resident's functional capacity.

CMS has developed a new version of the MDS, MDS 3.0, to reflect more accurately each resident's clinical, cognitive, and functional status as well as the care that nursing homes provide residents. The regulations at Sec. § 483.20(b)(1)(i) through (xviii) list the clinical domains that must be included in the Resident Assessment Instrument (RAI). These domains have been incorporated into the MDS 2.0 and have been included in MDS 3.0. Effective October 1, 2010, MDS 3.0 will become the required version of the MDS for all Medicare SNFs and Medicaid-certified nursing facilities (NFs). MDS 3.0, like MDS 2.0, will focus on the clinical assessment of each nursing home resident to screen for common, often unrecognized or unevaluated, conditions and syndromes.

Section 4432(a) of the Balanced Budget Act of 1997 (BBA) mandated a prospective payment system (PPS) for all skilled nursing facilities (SNFs) for cost reporting periods beginning on or after July 1, 1998. Many State agencies use the case-mix payment system methodology for Medicaid reimbursement. CMS has established a new case-mix system, RUG-IV, to determine rates paid to nursing homes. RUG-IV, along with MDS 3.0, was scheduled to be implemented October 1, 2010.

Section 10325 of the Patient Protection and Affordable Care Act (PPACA) mandated the postponement of the implementation of RUG-IV for one year, until October 1, 2011, while simultaneously retaining two key policies of RUG-IV. The retained RUG-IV policies include changes in the allocation and payment for concurrent therapy and the removal of specific treatments occurring during the hospital look-back period as qualifiers for a higher payment group. With the implementation of MDS 3.0 on October 1, 2010, coupled with the delay in RUG-IV, numerous questions have arisen from various stakeholders.

B. Purpose

The purpose of this contract is to provide case studies for MDS 3.0 and RUG-IV training and recommend inclusion in the MDS 3.0 RAI manual.

C. Technical Considerations

The contractor shall produce data in a form suitable for incorporation into manuals and training documents.

II. REQUIREMENTS

CMS will provide the contractor with stakeholder questions and /or potential responses to MDS 3.0 questions and the contractor shall act as a critical reader to review and make all edits in writing, electronically.

The contractor shall provide case studies electronically to illustrate proper coding or reporting procedures for the MDS 3.0 and RUG-IV. The contractor shall recommend edited responses for inclusion into the MDS 3.0 Manual.

All work under this contract shall be performed under the general guidance and monitoring of the CMS COTR and is subject to the project officer's approval.

A. Task to be performed

Task 1: Provide case studies for MDS 3.0 and RUG-IV

Case studies will be assigned by CMS as needed. The contractor shall electronically submit to the specified CMS contact a draft of case studies and responses on MDS 3.0 and RUG-IV issues within 10 working days of the assignment.

The contractor shall verbally report to the CMS COTR on a weekly basis. The contractor shall also meet or talk with the CMS project officer and/or other CMS staff as necessary. The contractor shall submit monthly progress reports outlining the work accomplished during the previous month. Progress reports should be submitted within 14 days following the end of each month. Vouchers will not be approved unless the most recent acceptable monthly report has been received by CMS.

B. Report Requirements

The contractor shall provide the following electronically as appropriate:

1. **Analytic Workplan**: The analytic workplan shall, at a minimum:
 - Shall be updated periodically to reflect approved changes during the process of the contract work; and
 - Shall be updated each time there is a modification of the contract or a reallocation of resources within the existing scope, budget, or overall time completion.

The analytic workplan, and any changes, shall be subject to review and approval by CMS.

2. Monthly Progress Report: The progress reports shall, at a minimum:

- Outline the work accomplished during the previous month;
- List the work that was to be completed during the period and list the reason(s) that any work was not completed;
- Discuss any significant problems that may adversely affect contract performance (e.g., missing deliverable due dates, slippage in performance of tasks) and shall offer proposed solutions to these problems;
- Indicate the contractor's plans for the next month;
- Summarize operational support provided.

3. Period of Performance

The period of performance for completion of all requirements under this contract is July 14, 2010 through December 31, 2010.

C. Personnel Requirements

1. Key Personnel

Changes in key personnel positions shall be submitted to the COTR in writing for approval prior to any change. Key personnel required for this Task Order are not required to be full time. Key personnel are as follows:

- Senior Analyst
 - Acts as a liaison with CMS on contract issues;
 - Assures timely delivery of deliverables; and
 - Manages costs of project.

Experience: A minimum of five years working with Medicare programs on the development and design of MDS 2.0, a participant in the development of the MDS 3.0 and a trainer for the RUG payment systems.

Must have experience in authoring assessment training manuals, and have been a presenter in MDS 3.0 Train-the-Trainer sessions.

Education: B.S. and relevant experience in a health care field.

III. QUALITY ASSURANCE

CMS shall review and approve all work products and deliverables submitted by the contractor. Progress meetings shall be held between the contractor and the COTR monthly. Identified below are basic performance standards that will be used to determine how well the contractor is fulfilling the core functions presented in this SOW. The

contractor shall successfully perform the specific requirements defined by this SOW, Medicare and Medicaid laws, regulations, manuals, instructions and any additional responsibilities assigned by the project officer. The contractor shall provide, in a timely manner, complete and accurate information, as requested in order for its performance to be evaluated.

CMS will use the performance indicators below, at a minimum, in evaluating contractor performance and the acceptance of contractor deliverables as appropriate:

Cooperation/Coordination (Level of interaction between the contractor and appropriate stakeholder(s)): The contractor shall cooperate and coordinate with CMS, other CMS contractors, State agencies, and stake holders. Contractor performance will be evaluated using measures including, but not limited to:

- Demonstration of timely and successful ongoing communications and cooperation of all types with CMS and its contractors , State agencies, and stakeholders;
- Feedback from other persons and entities with whom the contractor has had to work; and
- Number and type of issues that arise and indicate communication, or a lack of communication, between appropriate entities and the contractor.

Quality/Quality of Product or Service (Appropriateness, completeness and error free nature of all activities conducted by the contractor): The contractor shall maintain the highest degree of quality for all activities performed throughout the period of performance of the contract. CMS will evaluate the contractor's performance using measures including, but not limited to:

- Completeness and accuracy of all deliverables.

Timeliness/Timeliness of Performance (Ability to meet established time lines): This contract is particularly time sensitive. The contractor shall submit all deliverables to CMS in order that they are received on or before the due dates specified. Some examples of how the contractor performance shall be evaluated include the following:

- Demonstration that the contractor performed tasks in accordance with the time frames set forth in this contract; and
- Accuracy, consistency, and time frame under which reports were completed.

Satisfaction/Business Relations (Ability of the contractor to meet and manage customer expectations): The contractor shall provide, at a minimum, professional and courteous service to the different stakeholders involved with this contract. Some examples of how the contractor's performance shall be evaluated include the following:

- Feedback from stakeholders;
- Feedback from CMS Central Office (CO); and

Cost Control: The contractor shall manage the contract within CMS specified budget requirements. Some examples of how the contractor's performance shall be evaluated include the following:

- Procedures used to ensure budget integrity and maximize contract business value; and
- Efficient resource use.

In addition to the above performance evaluation, CMS shall review and approve all work products and deliverables submitted by the contractor. Progress meetings shall be held between the contractor and the project officer monthly. The dates and times of these progress meetings shall be established mutually between both parties. These meetings will be used to review the status of the project workplan, upcoming events, outstanding issues, money expenditures, and overall performance of the contractor.

TECHNICAL EVALUATION CRITERIA

A. Soundness of Approach to CMS's Effort To Provide Effective and Appropriate Clinical Guidance for questions and issues related to MDS 3.0

The offeror's response should be complete and demonstrates an understanding of the SOW. This criterion includes having an awareness of the contract objectives and a demonstrable understanding of the detailed components of the tasks required to produce the desired product. The proposal is sound and well documented and ensures the achievement of timely and acceptable performance.

B. Personnel Demonstrate Experience, Knowledge, Understanding, and Teaching Experience in Case-mix Reimbursement, Federally-mandated Minimum Data Set, including MDS 2.0 and Developing Clinical Case Studies for MDS 3.0.

The staff is competent, appropriate, and experienced in the skills required for this SOW, with over 12 years experience as a nurse in skilled nursing facilities, accompanied by long-term care consulting and training services at the federal and state level. Resume(s) reflect not only academic qualifications but also actual experience in working with and training in resident care and assessment in nursing homes. The staff must have members who served as consultants on MDS 2.0, on the development team of MDS 3.0 and made presentations in Train-the-Trainer events for MDS 3.0. Experience must include the development of case studies to be used as teaching examples. The staff must have understanding of and training experience in Quality Improvement Organizations, and have authored professional articles and books on nursing home care and operations.

C. Past Performance

The evaluation of past performance shall consider the offeror's successful performance in a variety of projects of a similar magnitude and type (size and technical area) as defined in the SOW. The staff must demonstrate experience as a trainer in the case-mix reimbursement and MDS verification. The staff must have authored training materials for nursing home assessment and care. In all of the above-listed areas of past performance, experience and teaching skills will be assessed related to the ability to accomplish the task work successfully.

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Revised
Request for Quotation
#726-0-8017-02

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Your quote should include the following additional information:

1. Company Name, Address
2. Contact Person, name, Telephone Number, Fax Number, E-Mail Address
3. Business Size Classification, i.e. Small Disadvantaged, 8(a), Woman Owned
4. DUNS Number
5. Tax ID NO.

Note: You must be registered and the registration current in the CCR Central Contractor Register, in order to receive a federal government award.

All quotes must be received by June 7, 2010 no later than 3:00pm.

Questions should be referred to : Phillip.Harrell@cms.hhs.gov, fax# (410)786-9088.

Quotes can be E-Mailed to: Phillip.Harrell@cms.hhs.gov or sent in hard copy to Phillip Harrell, Centers for Medicare and Medicaid Services, Office of Acquisition and Grants Management, 7500 Security Blvd., Baltimore, MD 21244.